

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> TELEPHONE NO: E-MAIL ADDRESS (OPTIONAL) ATTORNEY FOR: </div> <div style="width: 45%;"> FAX NO: (OPTIONAL) </div> </div>			
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY San Luis Obispo Branch 1035 Palm Street, Room 385, San Luis Obispo, CA 93408-2500 web site: www.slocourts.net			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:			
FAMILY LAW STATUS CONFERENCE STATEMENT			CASE NO:
HEARING DATE:	TIME:	DEPT:	

1. Respondent has (not) been served

2. Attorney for petitioner is _____
 Attorney for respondent is _____

3. General issues in the case are: (check those that apply)

<input type="checkbox"/> Child custody	<input type="checkbox"/> Child visitation	<input type="checkbox"/> Child support
<input type="checkbox"/> Spousal support	<input type="checkbox"/> Determination and valuation of community property	<input type="checkbox"/> Pension valuation
<input type="checkbox"/> Business valuation	<input type="checkbox"/> Operation of business	<input type="checkbox"/> Attorneys' fees and costs
<input type="checkbox"/> Other _____		

4. The current estimate of court time to try this case is _____ hours/days

5. There have been the following efforts made so far to settle this case (DO NOT provide specific information of offers)

6. This party is willing to participate in or is not opposed to (check all that apply):

<input type="checkbox"/> Mediation	
<input type="checkbox"/> Judicial arbitration on household goods and personal property.	
<input type="checkbox"/> Status conference to be continued for:	
<input type="checkbox"/> Additional discovery	<input type="checkbox"/> Joinder of
<input type="checkbox"/> Attorney appointed for child(ren) FC 3150	<input type="checkbox"/> Custody evaluation pursuant to FC 3111
<input type="checkbox"/> Psychological evaluation pursuant to EC 730	<input type="checkbox"/> Expert appointed pursuant to EC 730
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Bifurcate issue of (<i>split-off</i> issue of)	
<input type="checkbox"/> Other _____	

7. Related, companion or underlying cases
 - A. Case number
 - B. Name of case
 - C. Status

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date _____

Signature _____
 ATTORNEY OR PARTY